

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

~~Branch~~ James Robinson Branch

Town County

Died at Annapolis A. A. MARYLAND

Date of death 1905 Nov. 7 Age 19 Months 3 Days

Sex male Color or Race White Birth-place Virginia

Occupation Midshipman U. S. N. Where Residing if not at place of death Naval Academy, Annapolis

Married, Single or Widowed Single Name of Wife or Husband

Father's Name James R Branch Father's Birthplace Virginia

Mother's Maiden Name Mary Lillian Hubbard Mother's Birthplace Maryland

Name of person giving Information How related to deceased Father

174
see note other side

Jack Branch

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Hemorrhage of brain How long Day one one half

Immediate Edema of brain How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. C. Byrnes, U. S. N. Address Naval Academy Annapolis Md

Died from injuries received during 'honour light' with Midshipman Accident or Suicide? Murrinweather U.S.N. (M.L.P.)

This death is returned under homicide
(174) though the decision of the Naval
Court Martial was accidental death

M.D.P.

Name
in
Full

Richard H. Brewer


CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> ^{Town}		<i>a. a.</i> ^{County}		MARYLAND	
Date of death	<i>1905</i>	Month	<i>Nov</i>	Day	<i>15th</i>
Age		<i>82</i>	Years	Months	<i>4</i>
Sex		<i>Male</i>	Color or Race	<i>white</i>	Birth-place
Occupation		<i>Ship joiner</i>	Where Residing if not at place of death		
Married, Single or Widowed		<i>Widowed</i>	Name of Wife or Husband		
Father's Name		<i>Brice B. Brewer</i>	Father's Birthplace		
Mother's Maiden Name		<i>S. V. Bradford</i>	Mother's Birthplace		
Name of person giving information		<i>W. G. Brewer</i>	How related to deceased		
			<i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>I do not know</i> 	How long
Immediate	<i>Paralysis of Brain</i>	How long
Are the name, age, sex, color, date and place correctly given above?	<i>as far as I know</i>	Signature of Physician
Accident or Suicide?		Address
		<i>F. H. Thompson M.D.</i> <i>Annapolis</i> <i>Md.</i>



Name
in
Full

Maria Campbell

CERTIFICATE OF DEATH

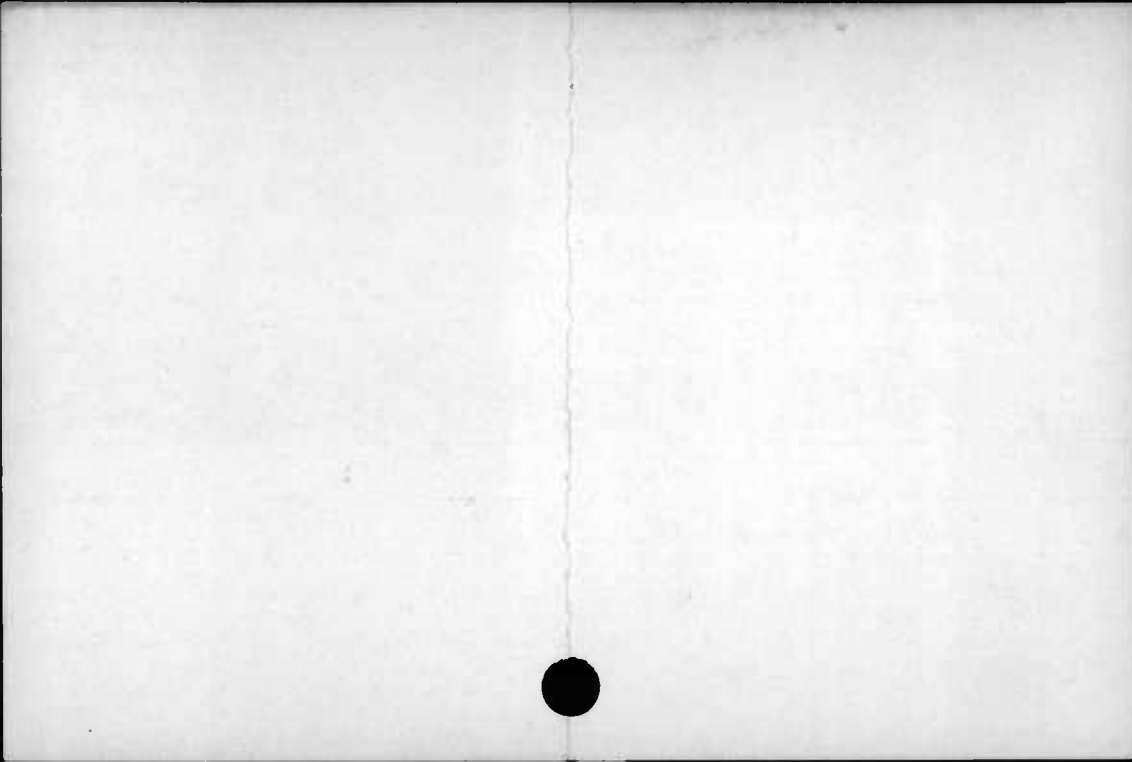
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Armiger P. O.</i>		County <i>Anne arundel</i>		MARYLAND	
Date of death	1905	Month <i>Nov.</i>	Day <i>20</i>	Age <i>About 40 years -</i>	Months <i></i> Days <i></i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Alabama. Georgia</i>		
Occupation <i>Housekeeper</i>	Where Residing if not at place of death <i></i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Arch. Campbell</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Alabama Georgia</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Alabama Georgia</i>				
Name of person giving information <i>John Snoden</i>	How related to deceased <i>Friend</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Interstitial Nephritis</i>	How long <i>about one year</i>
Immediate <i>Heart Failure</i>	How long <i>One week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James S. Billingsley M.D.</i>
	Address <i>Armiger P.O.</i>
	<i>Maryland -</i>
Accident or Suicide? <i></i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Ann R. Coats* Town *Shady Side* County *Ad*

Died at *Shady Side*

Date of death *1905* Month *Nov* Day *27* Age *54* Years Months *—* Days *—*

Sex *Female* Color or Race *Colored* Birth-place *Md*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of ~~Wife or~~ Husband *Chas Coats*

Father's Name *John Gross* Father's Birthplace *Md*

Mother's Maiden Name *Harriett Coats* Mother's Birthplace *Md*

Name of person giving information *Wm. T. Gross* How related to deceased *Brother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Diabetes* How long *7 months*

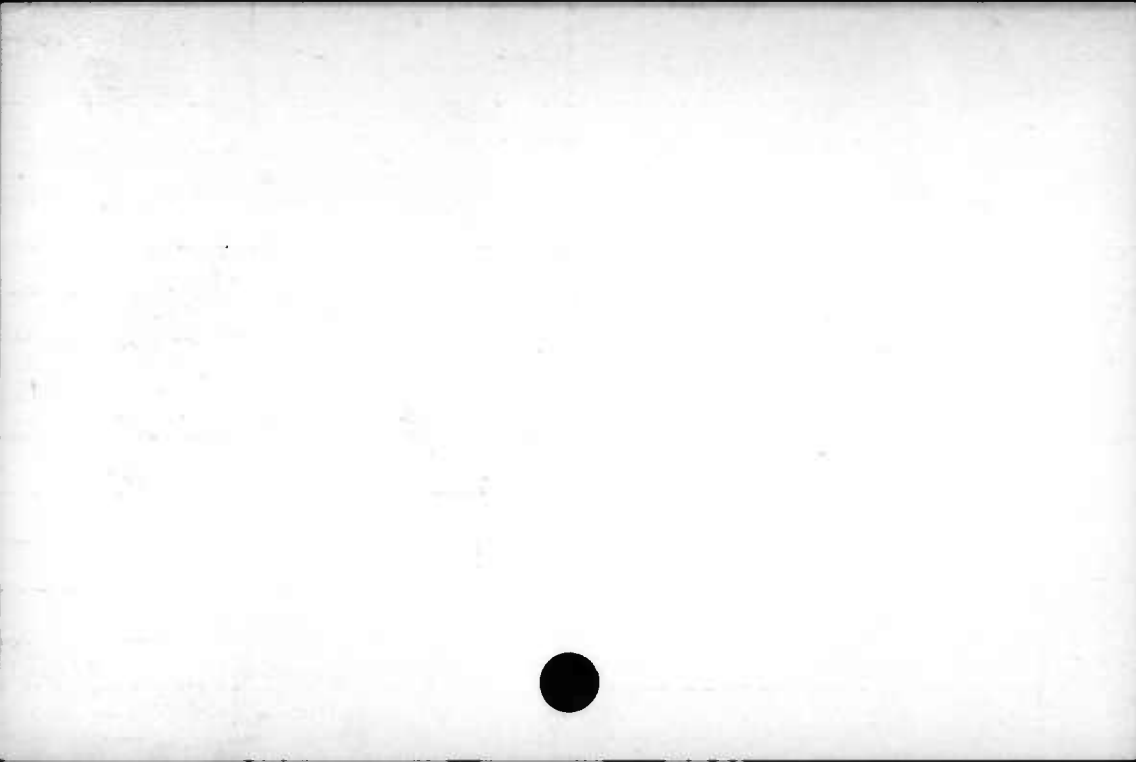
Immediate *Coma* How long *36 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Geo. T. Smith*

Address *Churchton*

Accident or Suicide? *—*



Name
in
Full

William Conway

CERTIFICATE OF DEATH

Died at *Melham's* Town*Anne Arundel* County

MARYLAND

Date of death *1905* Month *11*Day *17*Age *76* Years

Months

Days

Sex *Male*

Color or Race

White

Birth-place

Anne Arundel Co Md

Occupation

Farmer

Where Residing if not at place of death

Married, *Yes*
or *Widowed*

Name of Wife or Husband

Sarah Jane Conway

Father's Name

Fessie Conway

Father's Birthplace

Anne Arundel Co Md

Mother's Maiden Name

Deborah MEEK

Mother's Birthplace

Anne Arundel Co Md

Name of person giving information

Fessie Conway

How related to deceased

Son

CAUSES OF DEATH

Primary

old age
~~*Exhaustion*~~ *Feb 17, 1905*

How long

one year

Immediate

Exhaustion

How long

12 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

E R Winters

Address

Hanover Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

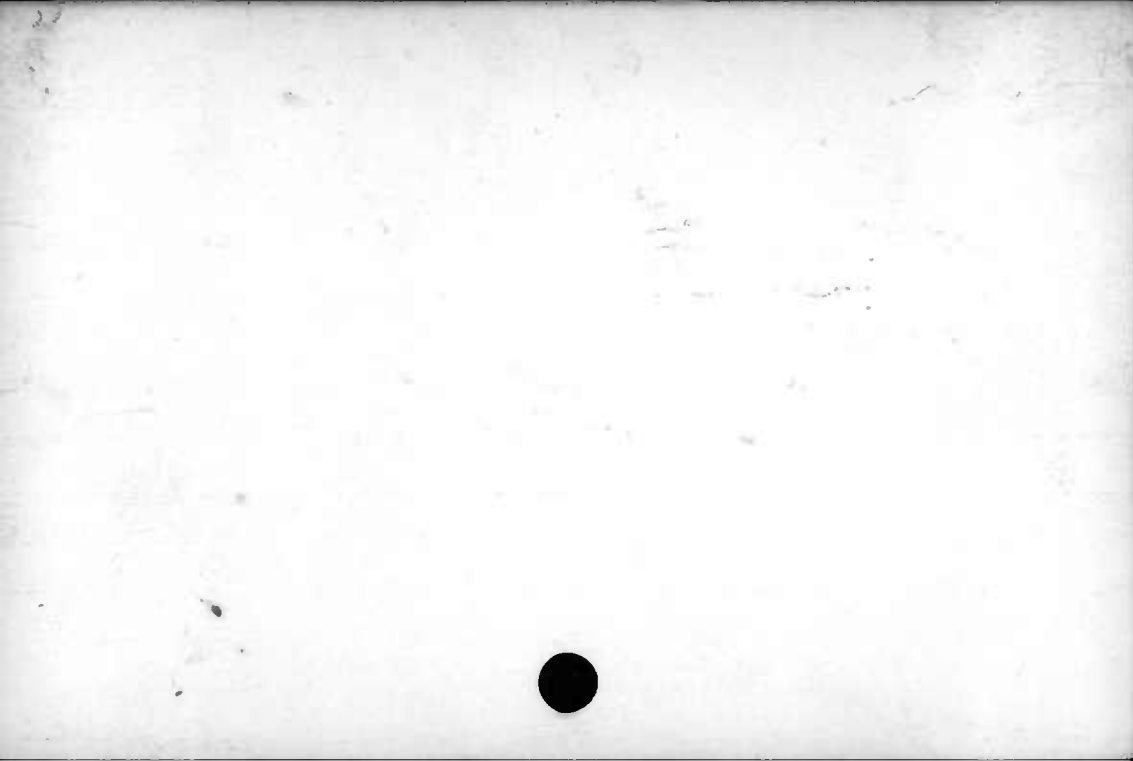
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age		Months	Days
1905		Nov	3				
Sex		Color or Race		Birth-place			
male		Colored		Annapolis Md			
Occupation				Where Residing if not at place of death			
				168 Chestnut St			
Married, Single or Widowed		Name of Wife or Husband					
single							
Father's Name		Father's Birthplace					
William Cornish		Annapolis Md					
Mother's Maiden Name		Mother's Birthplace					
Mary Wyatt		Annapolis Md					
Name of person giving information		How related to deceased					
Mary Wyatt		mother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	benignital Louis	How long	Since Birth
Immediate	Exhaustion	How long	Gradual
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		John Ridout M.D.	
		Address	
		Annapolis Md	
Accident or Suicide?			



Name
in
Full

L. E. Cox.

CERTIFICATE OF DEATH

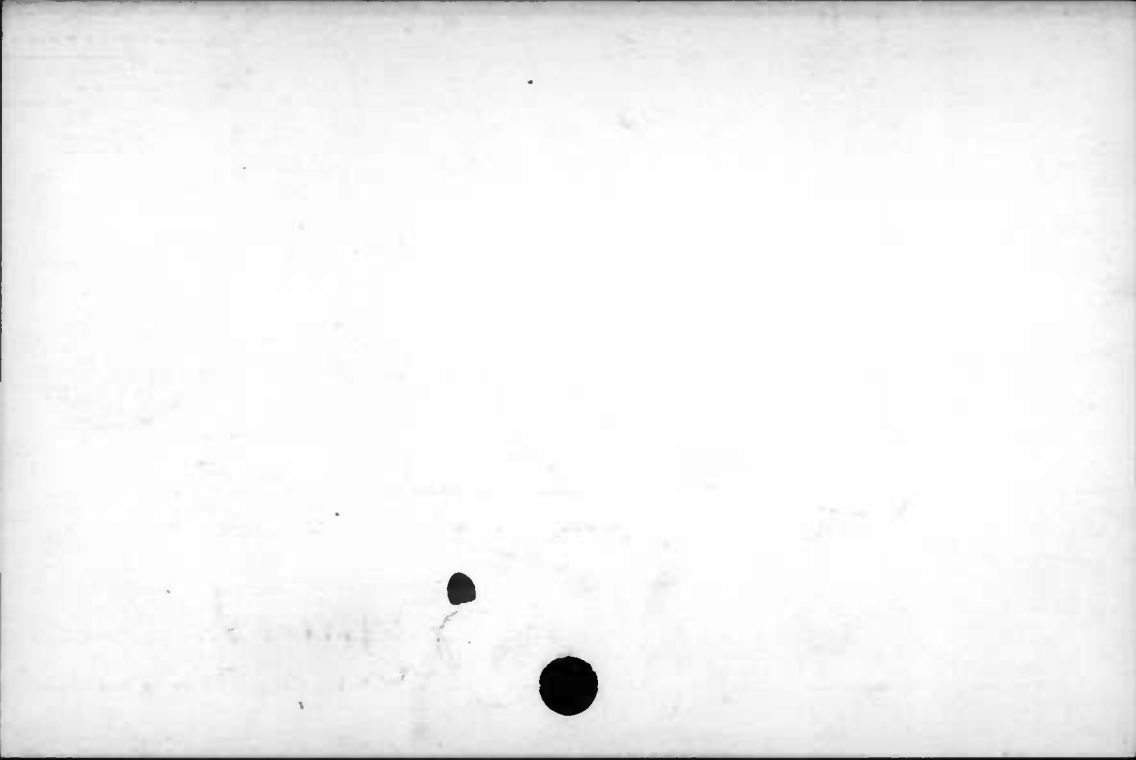
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		County <i>Anne Arundell</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Nov</i>	Day <i>2d.</i>	Age <i>23</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Va.</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Va.</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Franklin Cox.</i>	Father's Birthplace <i>Va.</i>				
Mother's Maiden Name <i>Mary Ely</i>	Mother's Birthplace <i>Va.</i>				
Name of person giving information <i>L. S. Wade</i>	How related to deceased <i>Brother-in-law</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Enteric fever</i>	How long <i>2 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. Murphy</i>
	Address <i>Annapolis</i>
Accident or Suicide?	



Name
in
Full

Chas A. Crandall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		County <i>A. A. Co</i>		MARYLAND	
Date of death	<i>1906</i>	Month <i>November</i>	Day <i>3rd</i>	Age <i>46</i>	Months <i>6</i> Days <i>20</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Sudley</i>		
Occupation <i>Merchant</i>	Where Residing if not at place of death <i>164 Green st</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Elizabeth E. Crandall</i>				
Father's Name <i>John. Crandall</i>	Father's Birthplace <i>A. A. Co</i>		Mother's Birthplace <i>A. A. Co</i>		
Mother's Maiden Name <i>Sarah Phipps</i>	Name of person giving information <i>Elizabeth E. Crandall</i>		How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart Failure</i>	How long <i>179</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. J. Murphy</i>
	Address <i>Annapolis</i>
Accident or Suicide?	

Name
in
Full

Sarah C Edmaras

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Mary

A.A.

Date

Month

Day

Years

Months

Days

of death

1905 Nov.

11

4

Age

6

Sex

female

Color or
Race

African

Birth-
place

A.A., Co.

Occupation

-

Where Residing if not
at place of death

-

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Barrison

Father's
Birthplace

A.A., Co.

Mother's
Maiden Name

Sarah Cornelia Hearse

Mother's
Birthplace

A.A., Co.

Name of person giving
In formation

Roderick Hearse

How related
to deceased

Uncle

CAUSES OF DEATH

Primary

Subsiding Cough

How long

3 months

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

J. H. B. Raychick

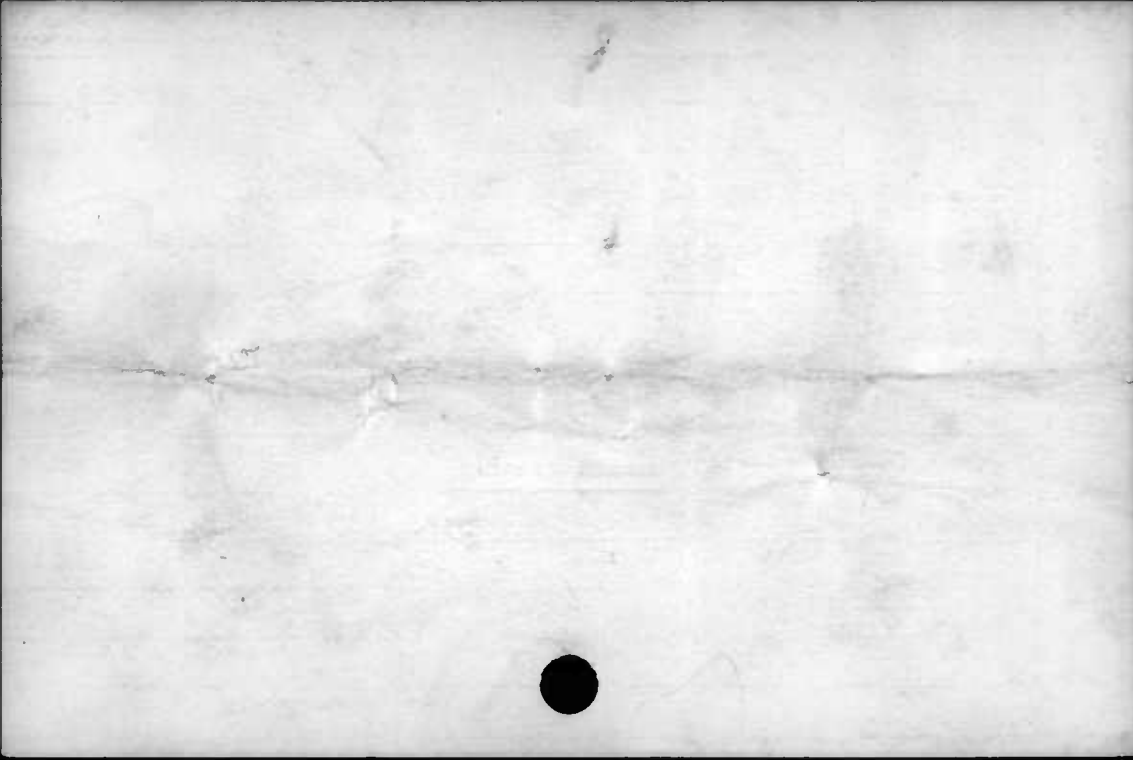
Address

Bellevue

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>George Wesley Evans</i>		Town <i>Bristol</i>		County <i>Anne Arundel</i>		MARYLAND	
Died at <i>Bristol</i>		Month <i>Nov.</i>		Day <i>7</i>		Years <i>0</i>	
Date of death <i>1905</i>		Month <i>Nov.</i>		Day <i>7</i>		Years <i>0</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>A. G. Leo. Md</i>		Months <i>10</i>	
Occupation <i></i>		Where Residing If not at place of death <i></i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>					
Father's Name <i>Arthur Evans</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Sarah Barclay</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>Arthur Evans</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>1 week</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. H. Perrie</i>
	Address <i>Md. K. Andrew</i>
Accident or Suicide?	<i>Md.</i>



Name
in
Full

Mariannd Freeman

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Annapolis Md a.d.c

Date

Month

Day

Years

Months

Days

of death

1905

Nov

19

Age

4

14

Sex

Female

Color or
Race

Colored

Birth-
place

Annapolis Md

Occupation

Where Residing if not
at place of death

20 Clay st

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

John B. Freeman

Father's
Birthplace

Annapolis Md

Mother's
Maiden Name

Rachel Tyler

Mother's
Birthplace

Annapolis Md

Name of person giving
In formation

Rachel Tyler

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Intestinal Catarrh

How long

6 days

Immediate

Convulsions

How long

3 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

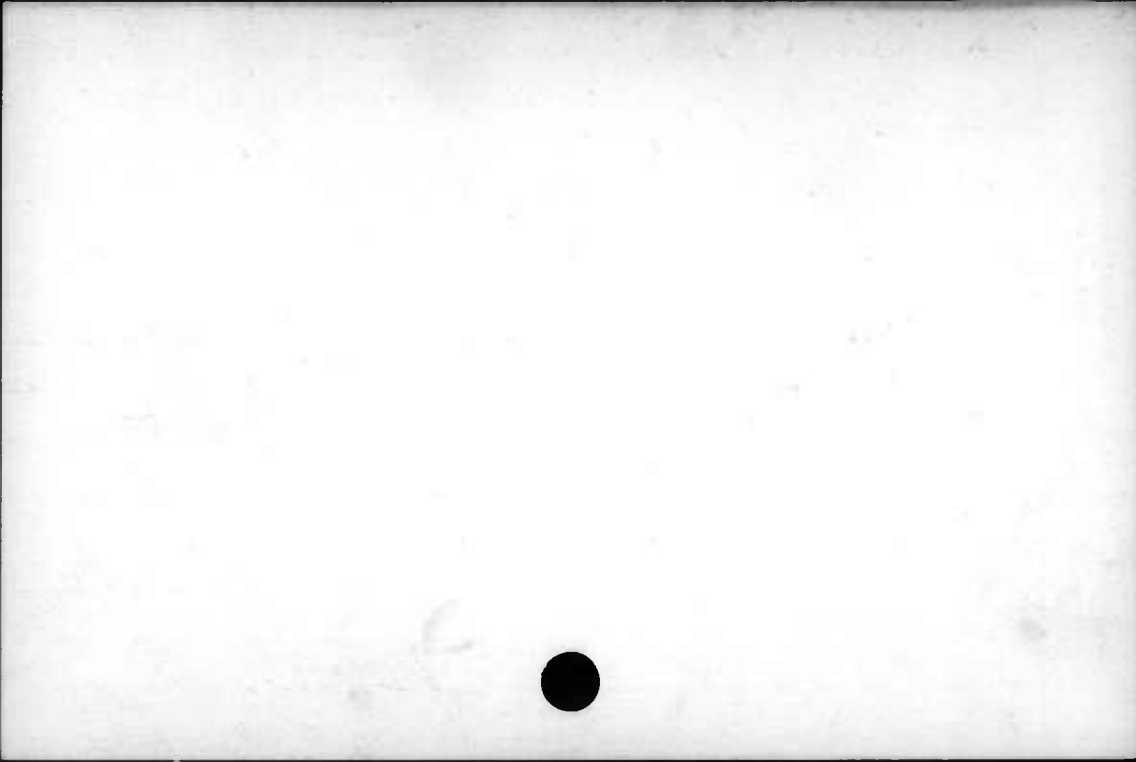
R. P. Russell, M.D.

No. 60 Cathedral St.

Annapolis, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

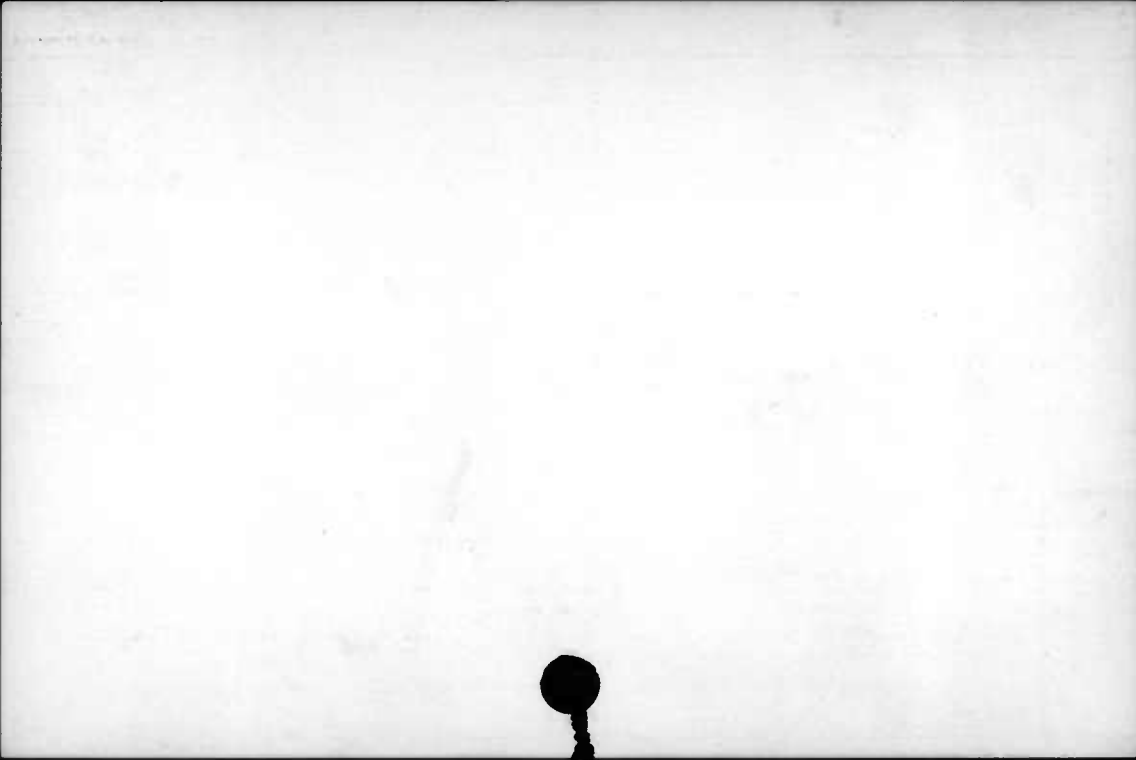
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Howard Smith Gould</i>				Town <i>Annapolis</i>		County <i>Anne Arundell</i>		State <i>MARYLAND</i>	
Died at		Date of death		Month		Day		Years	
		<i>1905</i>		<i>Nov.</i>		<i>13</i>		<i>28</i>	
Sex		Color or Race		Months		Days		Birth-place	
<i>Male</i>		<i>white</i>		<i>4</i>		<i>3</i>		<i>New Hamp.</i>	
Occupation <i>Electrician</i>				Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>				Name of Wife or Husband					
Father's Name <i>J. B. Gould</i>				Father's Birthplace <i>New Hamp.</i>					
Mother's Maiden Name <i>Flora C. Smith</i>				Mother's Birthplace <i>New Hamp.</i>					
Name of person giving information <i>J. B. Gould</i>				How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Enteric fever</i>		How long <i>7 weeks</i>	
Immediate <i>Heart Disease</i>		How long <i>about one week</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. J. Murphy M.D.</i>	
		Address <i>Annapolis</i>	
Accident or Suicide?			



Name
in
Full

Foster Ann Hall

CERTIFICATE OF DEATH

Died at *Severn* Town*Anne* County

MARYLAND

Date

of death

1905

Month

11

Day

13

Age

Years

24

Months

Days

Sex

*Female*Color or
Race*Black*Birth-
place*Anne Arundel Co Md*

Occupation

Where Residing if not
at place of deathMarried, Single,
or WidowedName of Wife or
Husband*Arthur Hall*Father's
Name*William T. Carroll*Father's
Birthplace*Anne Arundel Co Md*Mother's
Maiden Name*Joanna Parke*Mother's
Birthplace*Anne Arundel Co Md*Name of person giving
in formation*William T. Carroll*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Phthisis

How long

2 years

Immediate

Exhaustion

How long

*12 hours*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*E R Winters*

Address

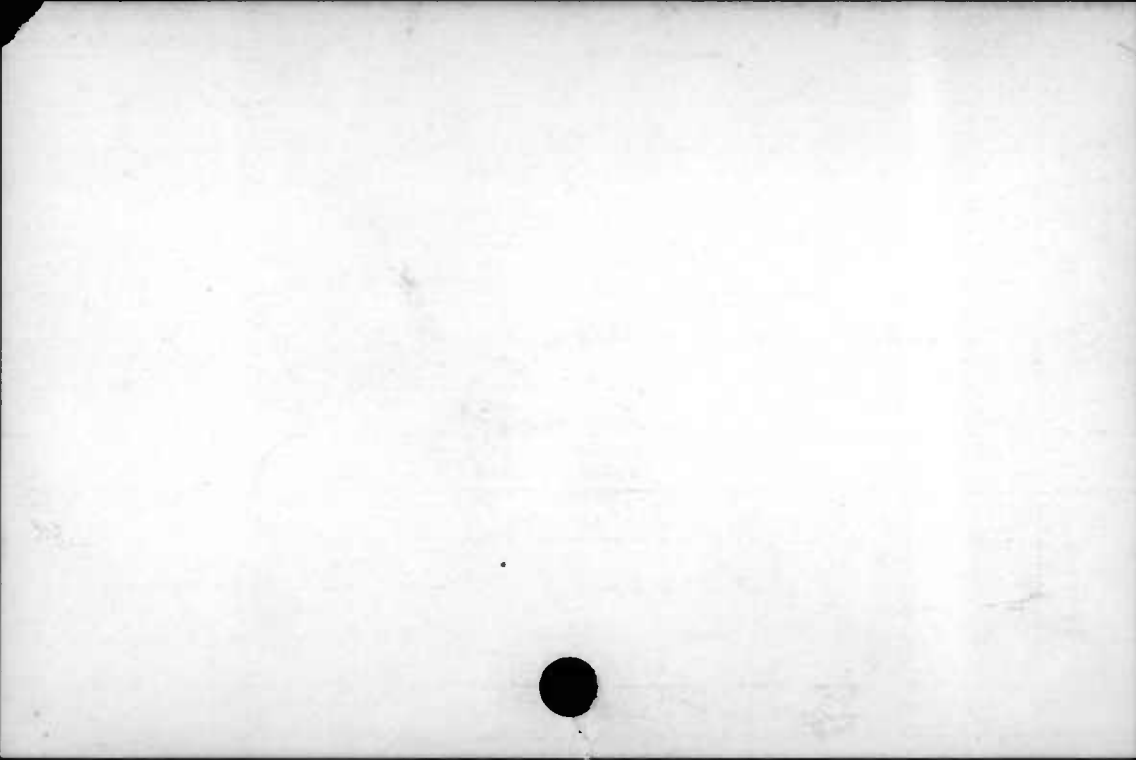
*Willhorns
Md.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		None		Hathaway		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Annapolis	Town	Anne Arundel	County	MARYLAND	
	Date of death	1905	Month	Nov.	Day	13	Age
	Sex	male	Color or Race	white	Birth-place	Annapolis	Months
	Occupation		Where Residing if not at place of death		Days	1	
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name	Charles M. Hathaway Jr.	Father's Birthplace	N.Y.			
Mother's Maiden Name	Frances E. Warner	Mother's Birthplace	Ohio				
Name of person giving information	Ch. Hathaway Jr.	How related to deceased	father				
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Heart Failure	How long	1 day			
	Immediate		How long				
	Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	S. S. Hephner			
	Address	Annapolis					
Accident or Suicide?	Yes						



Name
in
Full

Balops A Hayse

CERTIFICATE OF DEATH

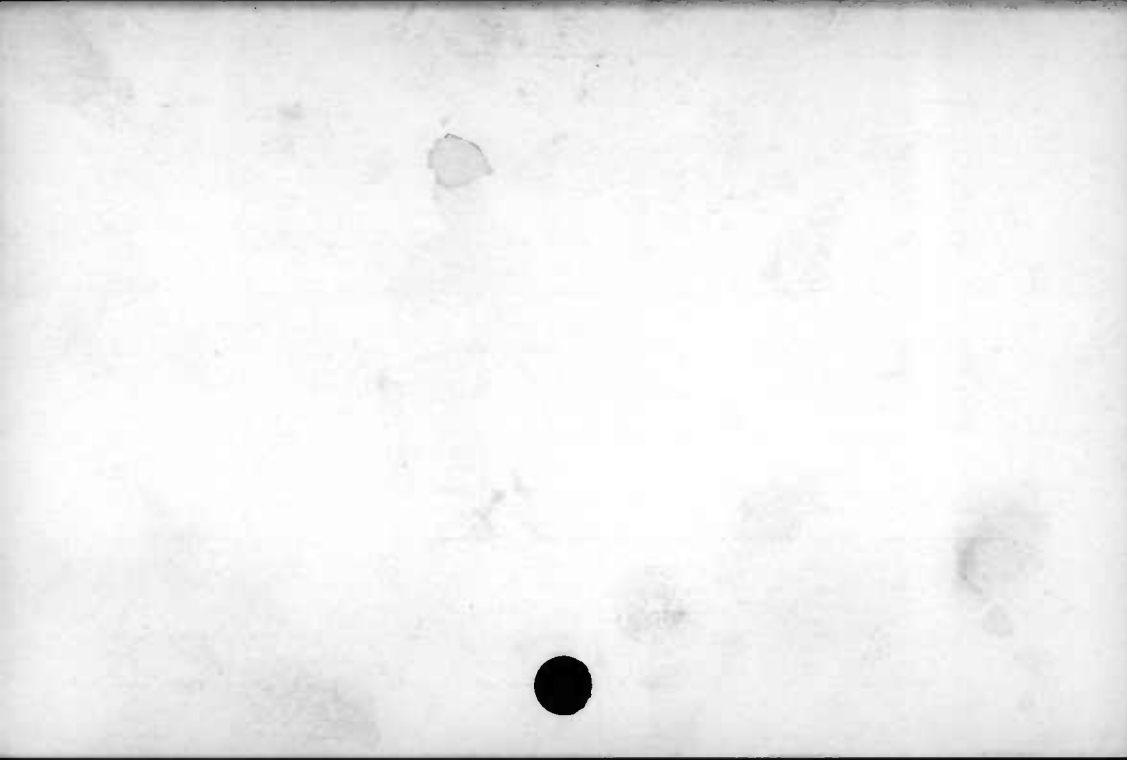
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Annapolis		County Anne Arundel		MARYLAND	
Date of death		Month Nov	Day 18	Age Years	Months 8	Days 2	
Sex Male		Color or Race Col		Birth-place Annapolis			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Perry Hayse		Father's Birthplace 3 dist 2200					
Mother's Maiden Name Henerata Murray		Mother's Birthplace do					
Name of person giving information Perry Hayse		How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Dentition		How long
Immediate	Meninigitis		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John Ridout, M.D. Annapolis
Yes		Address	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

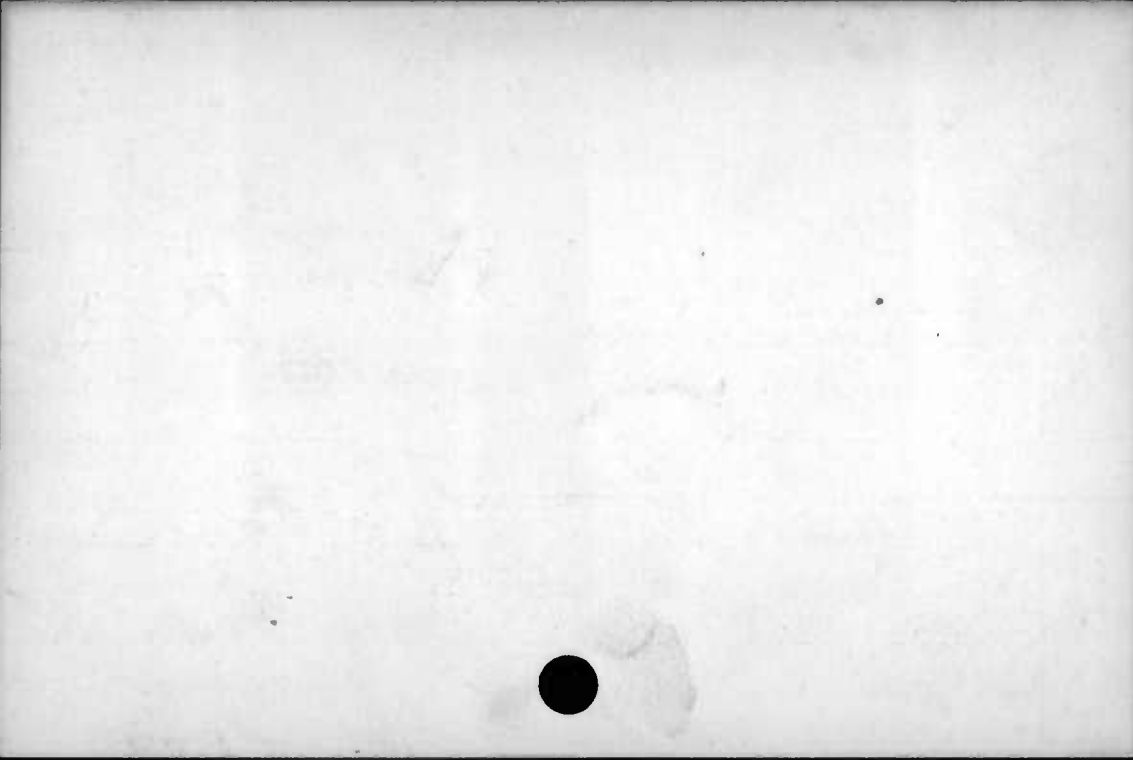
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		23rd	Month	23rd	Day	15	Years
1905		Nov		Age		10	
Sex		Female		Color or Race		White	
Occupation				Birth-place		Annapolis	
Where Residing if not at place of death							
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		William Keller		Father's Birthplace		Woodbury	
Mother's Maiden Name		Rosalie Anderson		Mother's Birthplace		Easton Md	
Name of person giving information		R D Davley		How related to deceased		Cousin	

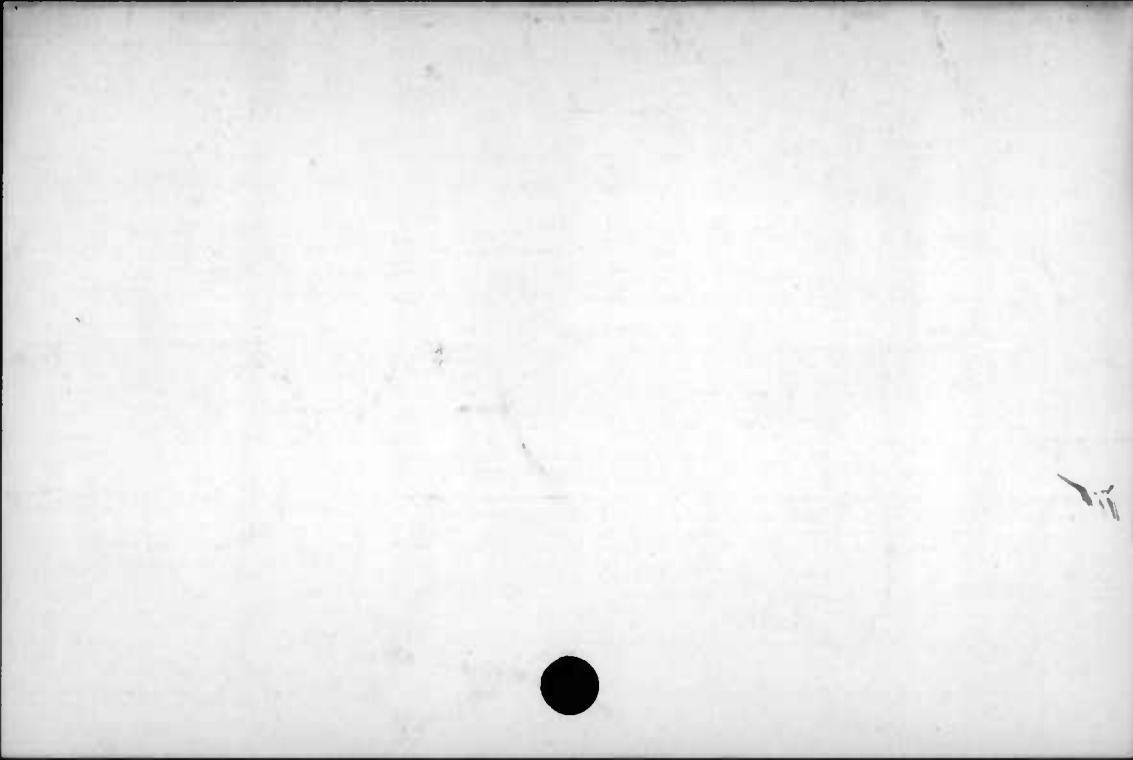
CAUSES OF DEATH

PHYSICIAN
OR CORONER

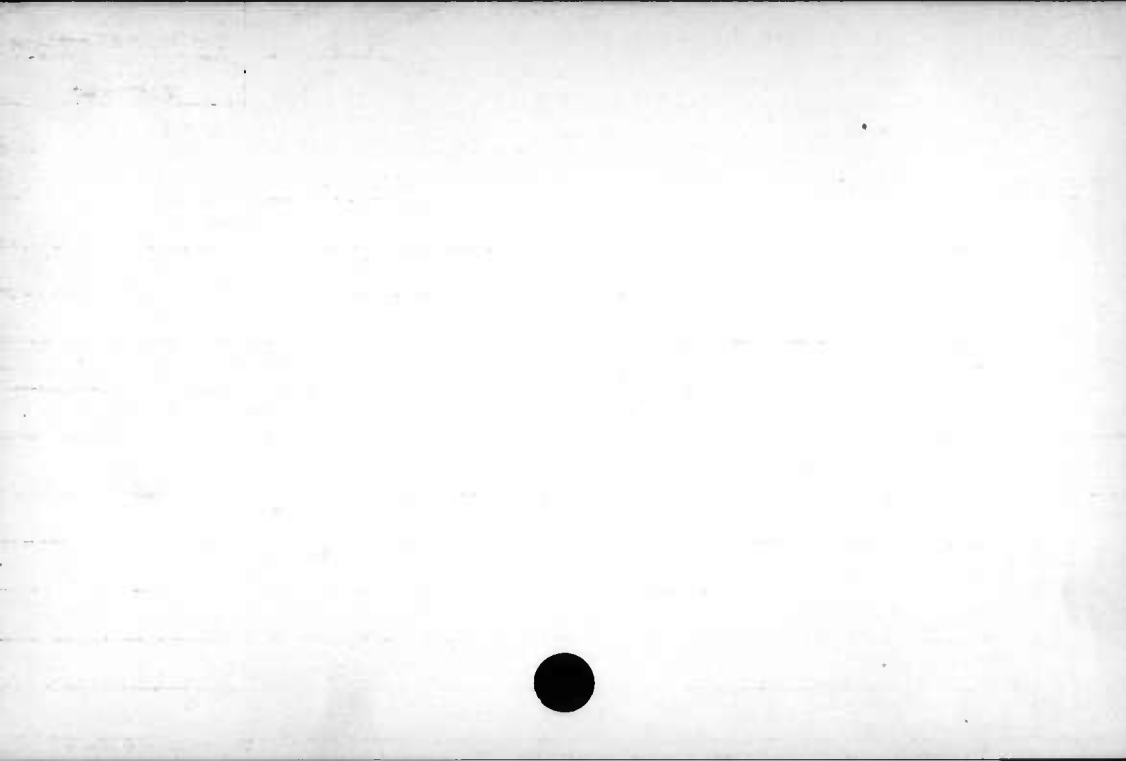
Primary	Rheumatic Endocarditis	How long	6 Mos
Immediate	Heart Failure	How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		S. S. Hepburn	
Address		Annapolis	
Accident or Suicide?		Ind.	



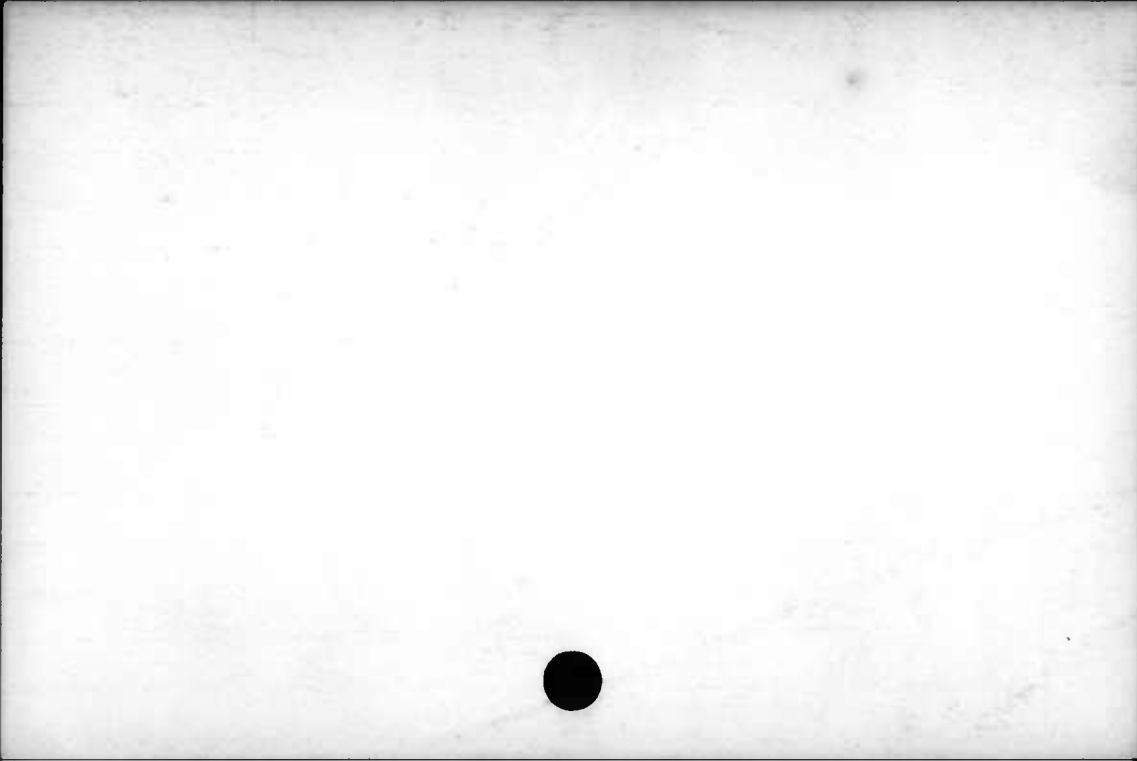
Name in Full		Town				County		STATE		
Thomas M. E. Buckman						A. A. Co.		MARYLAND		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Date of death		Month	Day	Age	Years	Months	Days
	190		Nov			22	17			
	Sex		Color or Race		Birth-place					
	Male		White		Birth-place					
	Occupation		Where Residing if not at place of death							
	Married, Single or Widowed		Name of Wife or Husband							
	Single									
PHYSICIAN OR CORONER	Father's Name		Father's Birthplace							
	Thomas M. E. Buckman		Scotland							
	Mother's Maiden Name		Mother's Birthplace							
	Maggie E. Johnson		"							
	Name of person giving information		How related to deceased							
Thomas M. E. Buckman		Son								
CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary		How long							
	Phthisis		about 5-6 mos							
	Immediate		How long							
	Pneumonia (lobar)		3 days							
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician							
Yes		J. Oliver Purvis M.D.								
		Address								
		Annapolis								
Accident or Suicide?										
No.										



Name in Full		Priscilla Mackle				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Lothian</u> Town		<u>Anne Arundel</u> County		MARYLAND	
		Date of death <u>1905</u> <u>Nov</u> <u>15</u>		Age <u>70</u> Years		Months <u>—</u> Days <u>—</u>	
		Sex <u>Female</u>		Color or Race <u>Colored</u>		Birth-place <u>AA County</u>	
		Occupation <u>Housework</u>		Where Residing If not at place of death <u>—</u>			
		Married, Single or Widowed <u>widowed</u>		Name of Wife or Husband <u>Orssey Mackle</u>			
		Father's Name <u>Not Known</u>		Father's Birthplace <u>AA County</u>			
		Mother's Maiden Name <u>" "</u>		Mother's Birthplace <u>AA County</u>			
Name of person giving information <u>Wm Brown</u>				How related to deceased <u>Son</u>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <u>Septic Blood Vessels</u>		How long <u>—</u>			
		Immediate <u>Cerebral Hemorrhage</u>		How long <u>Immediate</u>			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Melvin Coward M.D.</u>			
		<u>Yes</u>		Address <u>West River Md</u>			
		Accident or Suicide?					



Name in Full		James Murray {so stated}				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Waters Chesapeake Bay	County Anne Arundel		MARYLAND		
	Date of death	1905	Month Nov.	Day 20	Years Age 60 to 65	Months	Days	
	Sex	Male		Color or Race	White		Birth-place	I do not know
	Occupation	Waterman			Where Residing if not at place of death			I do not know
	Married, Single or Widowed	I do not know		Name of Wife or Husband	I do not know if one.			
	Father's Name	I do not know				Father's Birthplace	I do not know	
	Mother's Maiden Name	I do not know				Mother's Birthplace	I do not know	
	Name of person giving information	J. H. Thompson M.D.				How related to deceased	Not at all.	
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>								
PHYSICIAN OR CORONER	Primary	Injury from sail boom					How long	<input checked="" type="checkbox"/>
	Immediate	Drowning					How long	<input checked="" type="checkbox"/>
	Are the name, age, sex, color, date and place correctly given above?						Signature of Physician	J. H. Thompson M.D.
	as far as I know.						Address	Annapolis, Md.
	Accident or Suicide?							



Name
in
Full

Frances R Parrell

CERTIFICATE OF DEATH

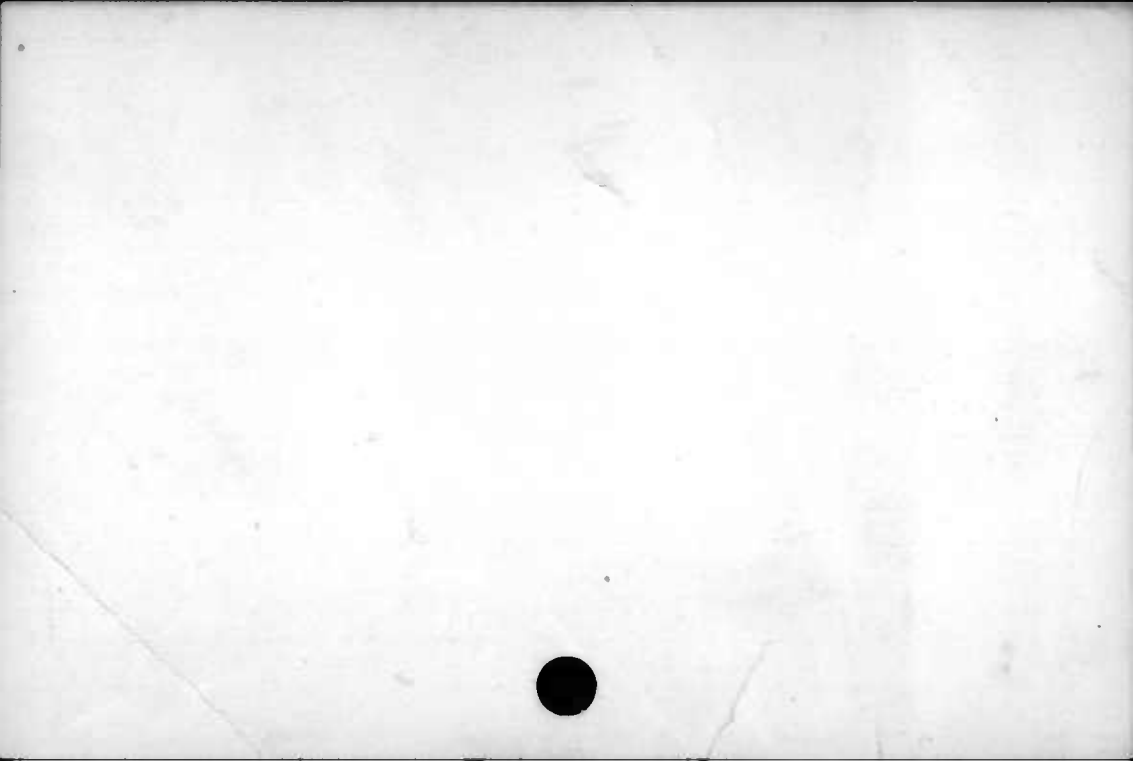
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months		Days
1905		Nov.	13.	Age	1		
Sex	Female		Color or Race	Black		Birth-place	Mid
Occupation	Infant		Where Residing if not at place of death		—		
Married, Single or Widowed			Name of Wife or Husband				
Father's Name	Harry Parrell					Father's Birthplace	Mid
Mother's Maiden Name	Rachel Junction					Mother's Birthplace	Mid
Name of person giving information	Harry Parrell					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Dumors.	How long	1 week
Immediate	Convulsions	How long	few hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. R. Hunt
		Address	Laurel
Accident or Suicide?			Mid



Name
in
Full

Forster Sargent

CERTIFICATE OF DEATH

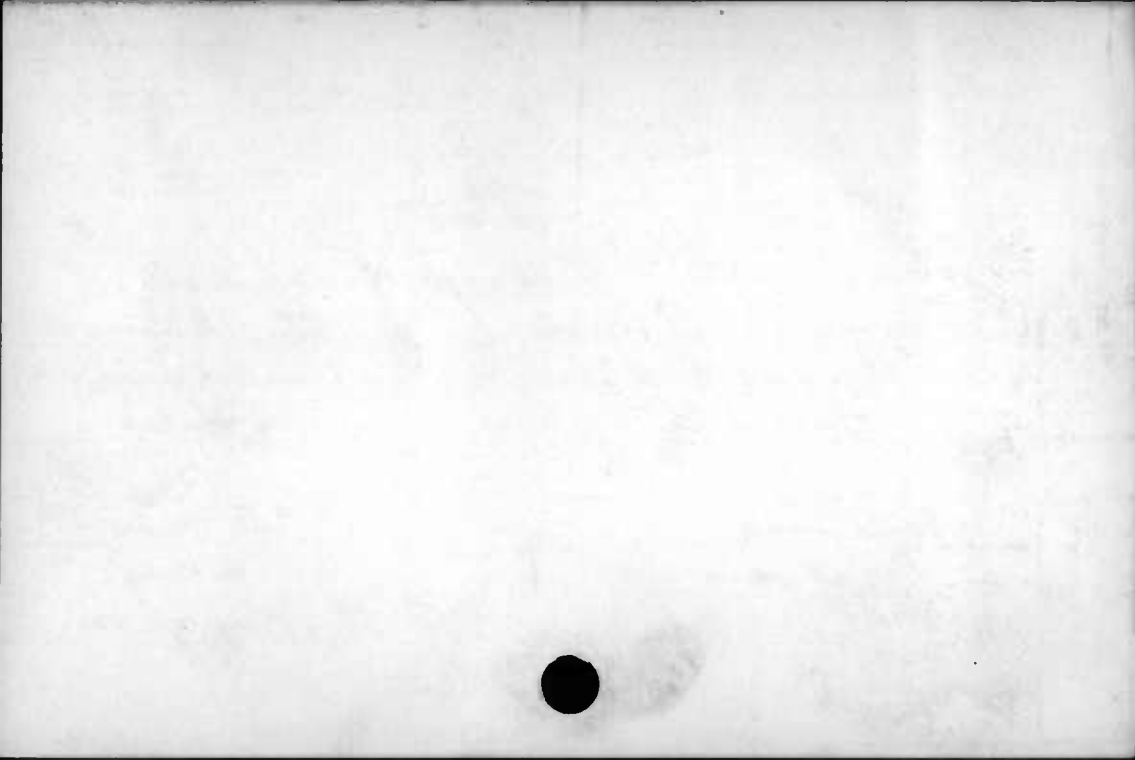
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> Town <i>Annapolis</i> County <i>MARYLAND</i>	
Date of death <i>1908 Nov 23</i>	Age <i>80</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>
Occupation <i>Laborer</i>	Birth-place <i>A.A.C.</i>
Where Residing if not at place of death <i>Emergency Hospital</i>	
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Mary Sargent</i>
Father's Name <i>Don't Know</i>	Father's Birthplace <i>Don't Know</i>
Mother's Maiden Name <i>"</i>	Mother's Birthplace <i>"</i>
Name of person giving information <i>Lemuel B. B. B.</i>	How related to deceased <i>Uncle</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Traumatic Laceration of Ventricle</i>	How long <i>19 days</i>
Immediate <i>Senile Decay</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm J Welch</i>
<i>I think so</i>	Address <i>Annapolis Md</i>
Accident or Suicide?	



Name
in
Full

Agness Catherine Shipley

CERTIFICATE OF DEATH

MARYLAND

Died at *Hammans* Town*Anne Arundel Co* CountyDate
of death *1905*Month *11*Day *21*Age *76*

Months

Days

Sex *Female*Color or
Race*White*Birth-
place*Baltimore Md*

Occupation

Where Residing if not
at place of death~~Married, Single~~
or WidowedName of Wife or
Husband*Richard A. Shipley*Father's
Name*James R Quail*Father's
Birthplace*Baltimore Md*Mother's
Maiden Name*Harriet A Albright*Mother's
Birthplace*Baltimore Md*Name of person giving
In formation*Harriet A. Shipley*How related
to deceased*Sister*

CAUSES OF DEATH

Primary

Asthma

How long

2 years

Immediate

Paralysis

How long

*6 days*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*C R Winterison*

Address

*Hanover
Md*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name In Full

Certificate of Death

John Ogden Tilghman

Town

County

Died at

Gambroils

Anne Arundel

MARYLAND

Date 1905

Month

Day

Y.

M.

D.

Native of

Occupation

11

6

Age

8

virginia chore boy

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Unknown.

Mother's

Maiden Name

Unknown

Cause of

~~Primary~~

Natural Causes.

How long sick

Sudden

Death

~~Immediate~~~~Accident, Suicide, Homicide~~

Reported by

Earnest Ogden

Address

E. D. Joyce
Justice of the PeaceJustice of the Peace
Acting Coroner

Must be signed by physician, if any, in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> ^{Town}		<i>Ad</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	<i>Nov</i> ^{Month}	<i>7th</i> ^{Day}	<i>45</i> ^{Years}	<i>4</i> ^{Months}	<i>8</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>St. Mary Co. Md.</i>		
Occupation <i>Editor & Surveyor</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Bettie Russell Mathen</i>				
Father's Name <i>Clement Mathen</i>	Father's Birthplace <i>St. Mary Co. Md.</i>		Mother's Birthplace <i>St. Mary Co. Md.</i>		
Mother's Maiden Name <i>Missouri Morgan</i>	Name of person giving information <i>S. T. R. Russell</i>		How related to deceased <i>Nephew</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute nephritis</i>	How long <i>15 minutes -</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. Clement Lande M.D.</i>
	Address <i>9 St. John St.</i>
	<i>Annapolis, Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		Nov	20	53			
Sex	Female		Color or Race	Colored		Birth-place	A.A.C.
Occupation	Housework			Where Residing if not at place of death			
Married, Single or Widowed		Widow		Name of Wife or Husband			
Father's Name		Dont Know		Father's Birthplace		Dont Know	
Mother's Maiden Name		" " "		Mother's Birthplace		" "	
Name of person giving information		J. Adams		(93)		How related to deceased	
						Undertaken	

CAUSES OF DEATH

Primary	Typhoid Pneumonia	How long	Two weeks
Immediate	As the mia	How long	Gradual
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		John Ridout, M.D.	
		Address	
		Annapolis	
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name
in
Full

Matilda Bathrine Weavers

CERTIFICATE OF DEATH

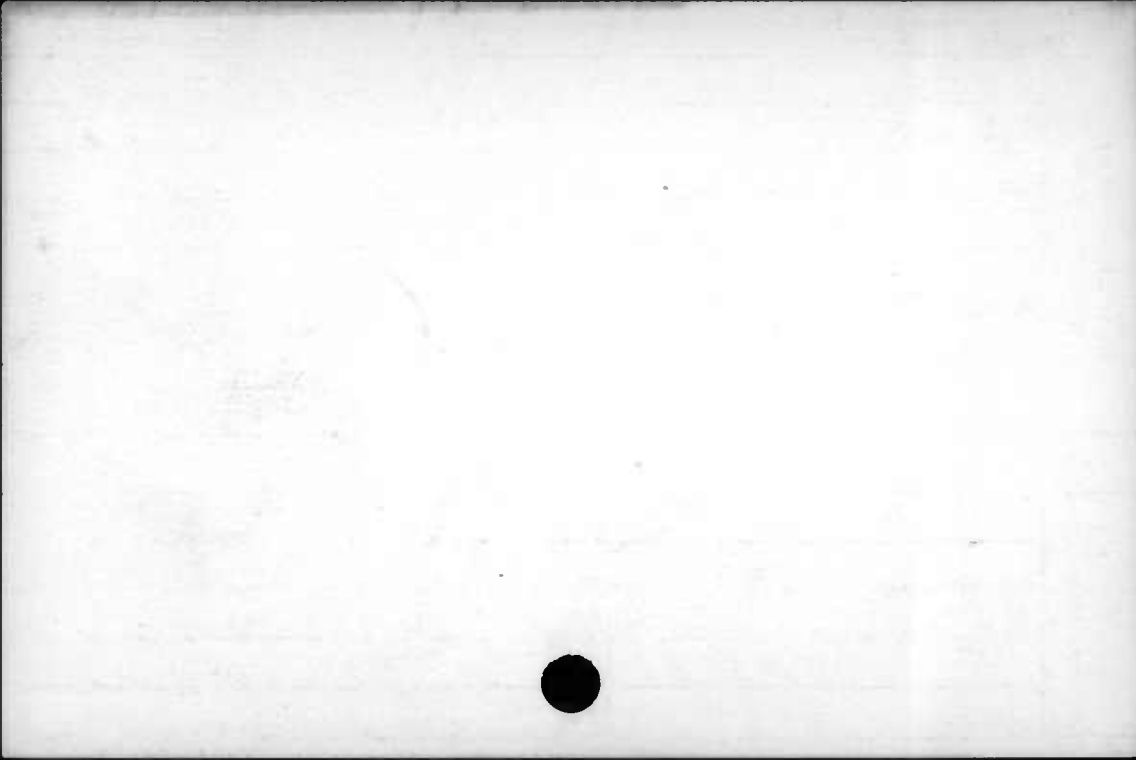
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Annapolis		^{County} Anne Arundell		MARYLAND	
Date of death	1905	Month	Nov.	Day	6
Age		Years	6	Months	—
Sex		Female	Color or Race	White	Birth-place
Occupation		_____		Where Residing if not at place of death	
Married, Single or Widowed		Single		Name of Wife or Husband	
Father's Name		William Weavers		Father's Birthplace	
Mother's Maiden Name		Caroline M. Gesell		Mother's Birthplace	
Name of person giving information		Caroline M. Weaver		How related to deceased	
				Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Peritonitis	How long	Four days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes -	Signature of Physician	W. Clement Lande M.D.
		Address	9 St. John St. Annapolis, Md.
Accident or Suicide?	_____		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>An</i>		MARYLAND	
Date of death	190	Month	<i>Nov.</i>	Day	<i>21</i>	Age	<i>35</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>A. A. Co.</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death		<i>Second dist A. A. Co.</i>		
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband		<i>Ellen White</i>		
Father's Name	<i>James White</i>				Father's Birthplace	<i>Annapolis</i>	
Mother's Maiden Name	<i>Martha Perkins</i>				Mother's Birthplace	<i>A. A. Co.</i>	
Name of person giving information	<i>Josephine Shookles</i>				How related to deceased	<i>Sister</i>	

CAUSES OF DEATH

Primary	<i>Fracture of Skull</i>	How long	<i>19</i>
Immediate	<i>Cerebral Hemorrhage</i>	How long	<i>about 1 hour</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Wm S. Welch</i>	
Address		<i>184 Duke of Gloucester</i>	
Accident Causes?		<i>Annapolis</i>	

